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ABSTRACT

As girls approach early adolescence they begin to experience losses in self-competence and in authenticity in relationships. These girls hide their strengths for the sake of relationships. This study attempts to change this phenomenon through a 13-week small group intervention program, The Transition to Adolescence Program (TAP). TAP encourages group members to assert their individuality within the context of connection, and in this respect, focuses on empowering girls to maintain their sense of self in the self-in-relation and well-being outcome measures, which in turn may allow them to meet their own needs as well as the needs of others in their relationships. The issues discussed within group meetings include self-esteem, personal power, peer pressure, and sexuality. Activities include visualization techniques, role plays, and drama and exercises to help participants match or share in the emotions being expressed by the other group members. TAP also provides an environment that is conducive to the development of mutually empathic and empowering relationships in order to assist girls in developing more personally defined racial/ethnic identities in their own terms. The participants in the study were from a local Boys and Girls Club where most of the members were minorities, and many lived in families dependent on social aid. All participants, both the intervention and control group, completed a battery of self-report measures before the program began, and at its conclusion. The results revealed varying degrees of change in the attitudes of these girls. Positive changes were noted on some self-report measures such as self-competence. Regarding the measures of psychological distress, the results revealed just a few significant differences between the control and intervention groups which were related to the age of the participant. It was suggested that future interventions should place greater emphasis on fostering racial/ethnic identity, which is an important component of self-in-relation identity. (BF)

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# Transition to Adolescence Program: A Program to Empower Early Adolescent Girls

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## Introduction

The present study seeks to better understand the developmentally predictable losses in self-competence and authenticity in relationships that girls may experience during the early adolescent years (Attie & Brooks-Gunn, 1989; Farrell, Danish, & Howard, 1992; Webb, Van Devere, & Ott, 1984). In order to do so, the study draws upon the self-in-relation theory, which locates identity development in the context of connection and relatedness to others (Miller, 1984). The self-in-relation perspective proposes that individuals derive a sense of satisfaction and self-efficacy when they experience their livelihood as "arising from, and leading back into, a sense of connection with others" (Miller, 1986). Surrey (1984) suggests that women develop a sense of "response/ability," rather than pure "agency" or "autonomy." Consequently, Surrey proposes, self-knowledge and empowerment emerge in the context of the relational process. This information provides a useful framework for understanding "normal" development for girls, that is, as a process that includes attention to both domains of relatedness and autonomy. However, oftentimes Western society makes demands on girls to emphasize the relatedness aspect in their lives. In both explicit and more subtle ways, and at a crucial time in their lives (i.e., early adolescence), girls are asked to incorporate a role that is culturally idealized, but not culturally valued.

Brown & Gilligan (1992) found that, whereas young girls (7-8 years old) are able to speak with self-confidence and sincerity, as girls approach adolescence (11-12 years old), their responsiveness and consideration of others' needs becomes so strong that self-interest frequently goes "underground" during this time. Strength, courage, and authenticity are apparent until the time the girls are ten or eleven years old, but as they make the transition to adolescence, the girls' early childhood displays of self-confidence and openness gives way to "hiding." The self-in-relation theory posits that the loss of "voice" results from an intensified focus on others, to the exclusion of attentive caring for the self (Surrey, 1984). Initially, the young girls hide their strengths from others in attempts to please them. They begin to accept false relationships, for the "sake of relationship." That is, they move from authentic to idealized relationships, and lose the ability to know what is relationally true or real. Thus, as their relationships become increasingly stereotyped and ingenuine, these girls become increasingly inauthentic to themselves. They cease wanting what they want, in part because they fear that it will bring them into conflict with others. This would signify the loss of connection, no matter how superficial the relationship might be.

## Attention to Issues of Cultural Diversity

Although much of the work that is reviewed above is based on fairly homogeneous samples (i.e., mostly middle to upper middle class Caucasian girls), bell hooks' (1993) recent work suggests that there is a similar process of "dissimulation" that operates for African-American youth. hooks, however, places the current circumstances for African-American girls in its historical context, and desribes the process of learning to hide behind false appearances. hooks also points to how African-American children often learn that they must be "tough," which results in denial of physical bonding that communicates they are lovable and deserve tenderness and care. She notes that young African-American

females often learn that they will not get any of their needs for physical touch and nurturance met in any realm except the sexual. And, she states that practicing dissimulation has led to overvaluing appearance in African-American communities. That is, African-American children often begin to believe that it is more important how things seem than how they really are. hooks concludes that dissimulation is dysfunctional because it encourages African-Americans to deny what is genuinely felt and experienced. Consequently, the capacity to "know who we really are and what we need and desire" is lost.

Despite the rich theoretical literature that examines the intersection of gender and race, there are few empirical studies that have focused on both of these variables, and especially in examining early adolescent development in particular. Notably, the major shortcoming of Brown & Gilligan's (1992) theoretical and empirical work was that their conclusions were based on a group of mostly Caucasian girls, from mostly middle class families. Of the few empirical studies that have attended to gender, race, and/or class as independent variables, there is some evidence that African-American girls do not experience the profound drop in self-esteem that Caucasian girls describe (Simmons, Blyth, Van Cleave, & Bush, 1979; Simmons, Burgeson, & Reef, 1988).

It is difficult to make sense of this conflicting information. It is conceivable that ethnic identity, that is, the psychological relationship that ethnic and racial minority group members have with regard to their own group (Phinney, 1990) may provide a partial explanation for the mixed results linking sense of self-in-relation and well-being outcome measures. Although little work has examined the development of ethnic identity, especially during the transition from childhood to adulthood (Phinney, 1990), there is some research that supports the positive effects of ethnic identity among minority adolescents (e.g., Grossman, Wirt, & Davids, 1985; Paul & Fischer, 1980; Tzuriel & Klein, 1977).

## Maintaining the Self in the Self-in-relation

Brown & Gilligan (1992) pose the question as to whether the losses of voice and relationship are necessary, and if not, how researchers and practitioners might intervene. Given that early autonomy may be a risk factor for adolescents (Hoffman, 1984), it seems most appropriate to design interventions that facilitate positive role model and peer group experiences. Peers, with the assistance of suitable role models, might be able to help correct the often exaggerated and inaccurate self-preoccupations that characterize early adolescents. Further, by providing a positive context for connection and relatedness, including both peers and older role models, the development of "false relationships" might be reduced. Research suggests that it is important to target the earlier age range of adolescents when designing such interventions (i.e., beginning at 11 years old) because it may facilitate the preservation of the self in the self-in-relation. Thus, the present work studies this phenomenon by attempting to change it, in that a 13-week small group intervention program, The Transition to Adolescence Program (TAP, Poorman & Saitzyk, 1992) designed to prevent these "losses" was implemented and evaluated. TAP encourages

group members to assert their individuality within a context of connection, and in this respect, focuses on empowering girls to maintain their sense of self in the self-in-relation, which in turn may allow them to meet their own needs as well as the needs of others in their relationships. The issues discussed within the group meetings include both broad-based competencies (e.g., self-esteem, personal power, emotional awareness) and domain-specific knowledge and skills relevant to the challenges that confront early adolescent girls (e.g., peer pressure, body changes, intimate relationships, sexuality). Activities include visualization techniques, role plays and drama, and exercises to help participants match or share in the emotions being expressed by the other group members.

TAP encourages group members to assert their individuality within a context of connection, and in this respect, seeks to validate group members' diverse experiences. Group members begin to feel empowered from within relationships through "mutual empathy" (Miller, 1986). Mutual empathy, in this context, describes the process by which group members attend to cognitive and affective cues and respond to the perspectives of the other group members. Consequently, group members express their emotions in a manner that allows for emotional growth of others in the group. Mutual empathy builds self-confidence in interpersonal situations, enhances competence skills, and may prevent maladaptive behaviors. Skills in assertiveness and decision making are also emphasized throughout the curriculum. By helping adolescents explore who they are, what they want, and where they are going, TAP seeks to promote healthy self-in-relation identity development.

Because the issue of racial/ethnic identity and self-in-relation development is particularly relevant for girls, discussions, activities, and the program structure in itself reflects this belief. TAP provides an environment that is conducive to the development of mutually empathic and empowering relationships in order to assist girls in developing more personally-defined racial/ethnic identities in their own terms. TAP seeks to foster movement toward racial pride, and in this way, attempts to propel girls to the "immersion" stage (Cross, 1987). One way the program does so is by raising self-awareness of stereotypes among girls from all backgrounds. For example, the session on body image incorporates discussion and activity regarding not only weight, but also skin color, hair texture, etc. Finally, program evaluation analyses examine whether the program has benefits for girls based on sociodemographic variables (e.g., race, family income level) as well as the psychocultural variable of racial/ethnic identity.

## Hypotheses

Changes in self-in-relation identity following a 13-week intervention program were investigated, with the prediction that positive changes or absence of decline in self-in-relation identity will be associated with participation in the intervention program. In particular, it was hypothesized that, following the intervention, scores for girls who participated in the intervention will increase on the scales assessing self-in-relation identity focused on caring for the needs of both self and others, whereas scores for self-in-relation

identity focused on caring for the needs of others only will decrease, compared to scores for girls who did not participate in the intervention. Along the same lines, following the intervention, scores for global and social self-esteem will increase for girls who participated in the intervention program, relative to girls in the control condition, who did not participate in the intervention program. Finally, following the intervention, scores for psychological distress will decrease for girls who participated in the intervention program, relative to girls in the control condition.

## Method

### Site

The program was conducted at a local Boys and Girls Club. The Club provides structured services for more than 2,000 young people (7-18 years old). Club members pay a $5.00 yearly fee and have access to all programs (e.g., social, educational, vocational, physical fitness). Most Club members are minorities, and many live in families dependent on social aid.

### Participants

The Unit Director in charge of Programming Services and Supervision at the Club was responsible for generating interest in the program and recruiting participants. Advertisements for participation were in-house. Flyers were displayed at the Club, and a short description of the program that informed parents and youth of the program and listing the dates and times for group meetings appeared in the Club Newsletter. The Unit Director chose girls (for the most part, between the ages of eleven and thirteen) to participate in intervention. It should be noted that although assignment to the intervention versus control groups was not random, the Unit Director chose the girls for the intervention versus control groups for a variety of reasons. That is, she chose the girls for the intervention groups based on criteria such as: the girls happened to attend the club regularly on the night that the groups were to take place, the girls were either experiencing some difficulties with their peers or they seemed like they could really add to such a group, etc.

In the first phase of the program (beginning February, 1993) 30 girls were chosen to participate in the intervention. These 30 girls were divided into five smaller groups, so that each group had six members. An additional 16 girls, who were also members of the Club, were asked by the Unit Director to complete a set of questionnaires, but they did not participate in the groups during this time, and thus they comprised the control condition. However, these girls were offered the opportunity to participate in the intervention the following semester, in the second phase of the program. The second phase of the program (beginning September, 1993) included 20 additional participants for the intervention group. Only two girls from the first phase control group participated in the intervention during the second phase of the program. Similar to the first phase, there were five groups. An additional eight girls, who were also members of the Club, were recruited for the control

condition. Four girls dropped out of the intervention and did not complete questionnaires. The total number of girls who participated in the study, either as part of the control condition or the intervention groups, was 70 early adolescent girls.

On the average, the girls participating in the study in either the intervention or control conditions were 11.56 years old (SD=1.29), and were in grade 6.02 (SD=1.06). Although demographic information was not available for all the girls, in general, 52% of the girls are African-American, 29% are Caucasian, 6% are Hispanic, 12% are Native American, and 2% are Asian-American. Chi-square analyses assessing group (control/intervention) by race were non-significant. In terms of family income level, 48% of the girls are from families with incomes less than or equal to $15,000, 12% are from families with incomes between $15,001-$25,000, 3% are from families with incomes between $25,001-$35,000, and 21% are from families with incomes greater than $35,000. Chi-square analyses assessing group (control/intervention) by family income level were also non-significant. In addition, chi-square analyses assessing race by family income level were non-significant. See Table 1 for scores on all pre-test measures.

Group co-facilitators

Clinical psychology graduate students and advanced undergraduate students in psychology co-facilitated the groups. Each group had two co-facilitators from different ethnic backgrounds. That is, co-facilitators were assigned to groups to balance racial/ethnic background in order to provide diverse role models. Initially, 20 hours of training was required. This training focused on communication and group facilitation skills, as well as issues of diversity and early adolescent development, and included readings, discussions, and role plays. In addition to training before the program commenced, weekly supervision sessions including all of the group co-facilitators and the project coordinator and her assistant were held.

Measures

In order to evaluate the impact of the program, all participants (intervention and control) completed a battery of self-report measures before the program began, and at its conclusion.

Relationship Self Inventory. Participants completed an adaptation of the Relationship Self Inventory (RSI; Pearson, Reinhart, Strommen, Donelson, Barnes, Blank, Cebollero, Cornwell, & Kamptner, 1992). This scale consists of 60 descriptive statements, and respondents are asked to rate each of these on a scale from (1) Not like me at all, to (5) Very much like me. The RSI assesses two major components of identity: (1) the Separate self, in which separation and autonomy are central to an individual's self-definition, and (2) the Connected self, in which relations with others are central for self-definition. In addition, two different manifestations of the Connected self are assessed: (a) Primacy of other care, in which caring for others, often at the expense of the self, is central, and (b)

Self and other care, in which the individual still focuses on care for others, but the self is included as important among those to be cared for.

Because the scale was designed for adults (i.e., Pearson, et al.'s sample included age groups from high school seniors and college students of both sexes, to women in their 60's and 70's), most items needed to be rephrased to more closely correspond to the reading level of early adolescents. Corrected item-total correlations were calculated between each item and its designated scale from the previous studies with adult samples. Next, correlations between each item and the other three scales were computed. All items that had higher correlations with scales other than the originally designated scales were deleted. Approximately half of the items were deleted from the original 60-item questionnaire. Alphas remained relatively stable (alphas=.56-.74; Primacy of other care, alpha=.56). In addition to assessing internal consistency, steps were taken to determine whether the scales were distinguished from each other. Correlations between each of the scales of the RSI were also computed. Interscale correlations were small to moderate, and were in the expected directions.

Perceived Competence. Harter's (1982) Perceived Competence Scale for Children, a 36-item self-report measure, was used to assess both global self-worth and domain-specific areas of competence. This measure presents perceptions toward a range of behaviors in a format in which respondents are asked to decide which stem best describes them (i.e., the statements are presented side by side, for example: "Some kids think..." BUT "other kids think...") After deciding which stem best describes them, respondents must decide whether the statement is "Sort of true" or "Really true" for them. The scales are reliable, well-validated, and show little association with social desirability.

Psychological distress. In order to assess level of distress, the Revised Children's Manifest Anxiety Scale (RCMAS; Reynolds & Richmond, 1979) was used. This scale yields three subscales of anxiety: Physiological anxiety, Worry and oversensitivity, and Concentration anxiety, and it also includes a Lie scale.

Ethnic identification. A nine-item questionnaire taken from the Adolescent Pathways Project (Allen, Seidman, Mitchell, & Aber, 1991) was used to assess ethnic identity. In this questionnaire, respondents are first asked to identify their own ethnic background, and may use as many words as they want (i.e., can include race, religion, ethnicity). Then respondents are asked to rate nine statements that assess feelings regarding being a member of one's ethnic group, on a four-point scale, from (1) Not at all true to (4) Very true.

## Results

There were no significant differences between the intervention and control groups at pre-test on demographic variables (e.g., family income, race, age, grade), nor any of the self-report measures, with the exception of one scale from the RSI. Although the

multivariate effect for self-in-relation was not significant, $F(4,60)=1.34$, $p<.26$, the univariate effect for Primacy of other care was significant, $F(1,63)=4.51$, $p<.05$. Scores for girls in the intervention group on Primacy of other care were significantly higher than scores for girls in the control group. See Table 2 for these results.

The next set of analyses tested the hypothesis that participation in the intervention program will lead to positive changes or absence of decline in self-in-relation identity. A series of 2 X 2, group (control/intervention) X time (pre-test/post-test) repeated measures MANOVAs was conducted for Primacy of other care, Self and other care, and for each of the scales of self-competence and psychological distress, predicting that interaction effects would be significant. Table 3 presents the means and standard deviations across time on the three sets of outcome measures for the control and the intervention groups.

Regarding self-in-relation identity, a significant group by time interaction effect was found for Primacy of other care, $F(1,37)=5.24$, $p<.05$. Scores for girls in the control group on Primacy of other care increased over time, relative to scores for girls in the intervention group, which tended to decrease over time. There were no significant differences for Self and other care, although examination of the means revealed trends in the expected directions, with scores for girls in the control group decreasing over time, and scores for girls in the intervention group remaining relatively stable over time.

With respect to changes in self-competence scores for the control and intervention groups over time, repeated measures MANOVAs revealed one significant group by time interaction effect for social self-competence, $F(1,32)=5.19$, $p<.05$. Scores for girls in the control group on this scale decreased over time, relative to scores for girls in the intervention group, which tended to increase over time. No significant effects were found for the psychological distress scales.

Because changes in several of the scores in the control and intervention groups were in the expected directions, but did not reach statistical significance, the repeated measures MANOVAs were recalculated in two different ways. First, because the ten intervention groups were conducted at two different points in time (Phase I for Spring 1994, Phase II for Fall 1994) with slight modifications for the second wave of interventions (e.g., shortened length of curriculum, smaller groups, better informed supervision, etc.) analyses assessing changes over time compared scores for the control group with scores for the Phase I intervention and scores for the control group with scores for the Phase II intervention. However, there were no statistically significant interaction effects.

The second recalculation compared girls from the control group with girls from the intervention group who had attended at least the modal number of sessions, which was eight sessions. These results are also presented in Table 3. This set of analyses did not produce additional significant findings either, although the findings did mirror the results found for the control group and the entire intervention group on Primacy of other care and Self and other care.

In order to assess the differential impact of the intervention with respect to sociodemographic variables, a series of 2 X 2 X 2, group (control/intervention) X time (pre-test/post-test) X age (younger/older than median age for the sample) repeated measures MANOVAs was conducted for each of the scales of self-in-relation identity, self-competence, and psychological distress. Notably, 2 X 2 X 4, group (control/intervention) X time (pre-test/post-test) X family income level and 2 X 2 X 5, group (control/intervention) X time (pre-test/post-test) X race MANOVAs could not be conducted because of the small cell sizes when the sociodemographic variables were taken into account.

There was only one significant three way interaction effect for age on the scale physiological anxiety, $F(1,37)=14.58$, $p<.01$. For younger girls in the control group, scores on physiological anxiety increased over time, relative to younger girls in the intervention group. In contrast, older control group girls' scores on physiological anxiety decreased over time, relative to older intervention group girls.

## Discussion

The present work studied a psychological phenomenon by attempting to change it, and as such used a developmental contextual perspective, that is, an approach that integrates policy, intervention, and research (Lerner, 1993). By changing a policy affecting adolescents (in this case, developing a gender-specific program at the Boys & Girls Club), the study simultaneously evaluated the effectiveness of an intervention, and examined how development happens in the "real world." Thus, the distinction between "basic" and "applied" research was fused. The conceptual framework of the self-in-relation theory was used to evaluate an intervention designed to meet the needs of this population. By attending to girls' needs to simultaneously sustain a sense of self-competence as well as authentic connections, the study examined key aspects of development not adequately addressed in previous applied research.

The hypotheses regarding the intervention were partially supported by the data. As expected, scores for girls who participated in the intervention decreased on Primacy of other care, whereas scores for girls who did not participate in the program increased on this scale. However, the present findings diverged from theory proposing that changes in the girls' scores for Self and other care would differ between the control and the intervention groups following the intervention. It is possible that the intervention was not vigorous enough to promote a positive change in girls' scores for identity focused on caring for the needs of both self and others. Alternatively, the measurement methodology may not have been sensitive to the changes that were reported by the group co-facilitators, but not presented in these results, and that were revealed as trends in behavioral observation data not reported in this paper.

Positive changes were noted on the other self-report measures, however. Regarding self-competence, consistent with the hypothesis, social self-competence scores for girls in the intervention group increased, whereas scores for girls in the control group decreased in

this domain. Notably, girls who attended at least eight sessions, the modal number of sessions for the intervention, tended to have the highest scores for social self-competence at Time 2 (post-test). However, changes over time on scores for global self-competence between the control and intervention groups were not significantly different, nor were changes on the other self-competence scales.

The fact that significant changes were found for the social self-competence scale rather than the other scales of self-competence is most critical. In accord with the self-in-relation theory, the intervention specifically addressed cognitive and affective components of girls' sense of self within relationships. It was proposed that social self-competence represents a proximal arena for girls' developing sense of self-worth during early adolescence. Hence, an intervention designed to alter typical means of interacting in relationships should coincide with changes in social self-competence, as opposed to changes in other measures of self-competence, such as scholastic, athletic, behavioral, or appearance.

The lack of significant findings for the more global measure of self-competence is not necessarily problematic. As alluded to above, recent theory and research conceptualize self-competence as a multidimensional rather than a unidimensional construct (e.g., Harter, 1978). Baskin & Hess (1980) point out that self-esteem is better framed as an ongoing assessment of social exchange with others, rather than a trait to be measured as an internalized pattern of autonomous behavior, and in this respect the assessment of social self-competence seems more appropriate. Further, the intervention, in addition to building social competence skills, also focused on developing domain-specific competencies that may not have been captured by the more global measure of self-competence.

Regarding the measures of psychological distress, the analyses revealed just a few significant differences between the control and intervention groups. Specifically, in a set of analyses that accounted for sociodemographic variables, a significant finding emerged for physiological anxiety. First, it should be mentioned that for the sample as a whole, at Time 1 (pre-test) scores on physiological anxiety were negatively associated with age; that is, older girls reported lower scores on this scale. Now, comparing scores between the control and intervention group over time, we see that within the control group, younger girls' scores for physiological anxiety increased from Time 1 (pre-test) to Time 2 (post-test), whereas older girls' scores decreased over time. In contrast, in the intervention group, the younger girls' scores for physiological anxiety decreased over time, and the older girls' scores increased over time. It is feasible that decreases in physiological anxiety may correspond with a developmental process of distancing oneself from feelings of distress regarding changes in the nature of interpersonal relationships. For the sample as a whole, the older girls may deny feeling ill at ease in their relationships. In comparing the control and intervention groups over time, it may be that the younger girls in the control group are still conscious of times when they relate in a manner that feels superficial, which causes them distress. In contrast, and consistent for the sample as a whole, the older girls in the control group may be more inclined to deny these feelings. Opposite findings for the intervention group may indicate that the intervention was more effective for the younger

girls, in that their feelings of anxiety tended to decrease over time. In contrast, it is possible that the intervention raised anxiety levels for the older girls. It may have induced a "crisis," or at least instigated a process of more active exploration among the girls, and thus at post-test, their elevated scores may reflect their struggles to find ways of generalizing the skills that they learned in the program to their outside relationships.

This raises the issue as to whether the intervention is appropriate for all girls, or alternatively, whether it should be focused on certain subgroups, whether they be chosen by age, grade, race, socioeconomic status, cognitive level, etc. Reports from the co-facilitators point to the appropriateness of the intervention for all subgroups studied. However, several researchers suggest that Marcia's (1980) identity status paradigm should be used to locate the group most vulnerable and most likely to profit from intervention. One group of researchers suggests that the greatest frequencies of problem behaviors occur among diffuse adolescents (e.g., Berzonsky, 1988; Christopherson, Jones, & Sales, 1988), and that resilient children are more likely to be psychosocially healthy children, i.e., achieved or moratorium identity statuses (Werner, 1986). They suggest that programs that are designed to promote problem-solving, decision-making, and coping strategies will most benefit diffuse adolescents, because these strategies will provide them with competencies that are conducive to a healthy psychosocial moratorium. In contrast, Jones (1994) suggests that this approach may also benefit moratorium adolescents by providing a structured experience in which they may define their skills, resolve issues, and solidify commitments. It may also help achieved adolescents because they will further develop their cognitive strategies, which in turn may reinforce and strengthen the commitments that they previously made. Finally, Jones posits that foreclosed adolescents can also benefit from the intervention in a similar manner to diffuse adolescents. Jones' comments capture the position advanced by Rotheram-Borus & Wyche (1994), who note that many prevention programs typically focus on eliminating negative or problem behaviors, rather than on enhancing coping strategies and personal development.

Marcia's (1980) question as to whether all individuals can be classified in this way is particularly relevant. Research has not adequately assessed whether all individuals embrace Erikson's (1963) stages of identity and intimacy in the same way, that is, in a sequential fashion. For example, Dyk & Adams (1990) assessed identity and intimacy at two occasions over a five-week period, and computed a cross-lag panel analysis to evaluate the relationship between identity and intimacy over time. Because their study was relatively short-term, and was conducted only with college students, it is not surprising that their model proposing that intimacy precedes or covaries with identity was not upheld. Results from the present study (e.g., associations between "relationship" measures and indices of individual well-being and distress) suggest that for early adolescent girls, the processes of identity and relational development are intertwined. These findings, taken together, lend empirical support to the self-in-relation model. Further, although the data are cross-sectional, significant relationships with either grade or age not reported in this paper suggest that the girls in this sample are at a critical period in their development as connected and autonomous beings. And, the findings have important implications regarding

the optimal time for intervention. The early adolescent years may be the best time for implementing interventions designed to foster a sense of self-regard within relationships because girls' sense of self-in-relation identity is very much in flux. Hence, Rotheram-Borus & Wyche's (1994) discussion of the importance of "identity interventions" for adolescents must be expanded to encompass both identity and relational components. In this respect then, assessment of identity status must be accompanied by sensitive measures that evaluate self-in-relation status as well.

As contextually valid longitudinal studies continue to be undertaken, we may be better able to describe the relational components of the identity statuses. Adams & Archer (1994) distinguish between "active" (moratorium, achieved) and "passive" (foreclosure, diffusion) identity statuses, and posit that active identity status incorporates both the self as a unique individual, but also "grounded in a sense of union or communion with others." However, their description of the intersection of self and other regarding passive identity is limited. They do not account for the processes underlying the passive identity status. Future studies may shed light on whether the developmentally predictable process of Primacy of other care may underlie the passive identity status.

Further, as these relational processes are elucidated, perhaps the seemingly negative changes over time for girls will cease to be accepted as normal and appropriate in our society. Presently, because little response is generated from parents, teachers, coaches, etc., girls may develop ways of coping that may be functional in the short run, but harmful over time. For example, in the present study, level of distress was negatively associated with grade in this sample of girls. It may be that as girls get older they begin to distance themselves from feeling anxious or distressed over the disheartening changes in relationships that have occurred. As Brown & Gilligan (1992) stated, "...girls risk losing touch with the specific-- with their bodies, with their feelings, with their relationship, with their experience." (p. 215)

Several limitations of the present study suggest avenues for future research and outreach activities. As an exploratory study, the present project may be critiqued and enhanced in many ways. For one, the small sample size may have limited the power of the analyses, and as a result, suppressed other important findings that did not reach statistical significance. The sample size also imposes limitations as to the degree to which we may generalize from the present findings to other populations. In particular, a larger sample size would have allowed for interpretation of the findings regarding sociodemographic variables, such as race and family income. Secondly, although the intervention aspect of the study implies a longitudinal design, the time period between the pre- and post-tests was relatively short (i.e., 15 weeks), and as such, the longer term effects of the intervention were not evaluated. Preliminary analyses of reports from ten girls who were assessed at six months following the intervention reveal that the effects were maintained over longer periods of time. In particular, with respect to self-in-relation identity, scores for Connected self increased across the three time periods and scores for Primacy of other care decreased across the three time periods. Further, regarding perceived self-competence, scores for

social self-competence and athletic self-competence increased from immediately post-intervention to the six month follow-up. Interestingly, for these ten girls, scores for appearance self-competence increased from pre- to post-intervention, but decreased at the six month follow-up. Finally, regarding psychological distress, scores for concentration anxiety decreased in both the "short" and "long" runs. Hence, replication of this study should seek to increase the number of participants, as well as incorporate a longer period of follow-up assessments (e.g., at six months, at one year post-intervention). This may yield valuable information, because although this intervention focuses on improving self-in-relation identity among peers, there may be important implications for self-in-relation identity within intimate relationships. Future studies might also implement assessments during the course of the intervention, in order to better track development. Such a design will allow for a more informed understanding of the direction of effects that correlational analyses do not provide. In terms of the interface between research and outreach, the present project could also benefit from refinement of assessment procedures. It is possible that some of the measures may not have been specific enough to assess important changes resulting from the intervention. Improved assessment techniques, such as behavioral role-playing (Gaffney & McFall, 1981), should be considered.

In terms of the intervention itself, greater emphasis should be directed to fostering racial/ethnic identity, which is an important component of self-in-relation identity. The present intervention sought to incorporate issues of ethnic diversity via discussions, activities, modeling of ethnically diverse co-facilitators, and the general structure of the program itself. However, in the future, greater emphasis on ethnic identity can only strengthen the program. This process may also foster interaction within families and across generations (Dreyer, 1994) and thereby increase involvement of parents. Although early adolescents are clearly beginning to move away from their families and toward their peers, family support during this transition has been found to be associated with the most positive outcomes for youth (Grotevant & Cooper, 1986). Finally, beyond the domain of interpersonal relationships, it would also be interesting to assess the impact of new ways of relating within other systems, such as neighborhood, community, and perhaps society in general.

Table 1

Means and Standard Deviations for all Time 1 (Pre-test) Measures (N=70)

| Variable | Mean (SD) or Percentage |
|---|---|
| Demographics | |
| Age | 11.56 (1.29) |
| Grade | 6.02 (1.06) |
| Race | |
| African-American | 52% |
| Caucasian | 29% |
| Hispanic | 6% |
| Native American | 12% |
| Asian-American | 2% |
| Family income | |
| < $15,000: | 48% |
| $15,001-$25,000 | 21% |
| $25,001-$35,000 | 3% |
| > $35,000 | 21% |
| Self-in-relation identity | |
| Relationship Self Inventory | |
| Separate self | 3.11 (.67) |
| Connected self | 3.84 (.87) |
| Primacy of other care | 2.95 (.81) |
| Self and other care | 3.91 (.95) |
| Perceived self-competence | |
| Social self-competence | 2.86 (.80) |
| Global self-competence | 3.09 (.60) |
| Athletic competence | 2.62 (.68) |
| Appearance | 2.79 (.70) |
| Behavioral competence | 2.73 (.63) |
| Scholastic competence | 2.76 (.67) |
| Ethnic identification | 2.98 (.47) |
| Psychological distress | |
| Physiological anxiety | 2.48 (.58) |
| Worry | 2.59 (.64) |
| Concentration difficulty | 2.46 (.74) |

Table 2

Means and Standard Deviations for Control and Intervention Groups at Time 1 (Pre-test)

| Variable | Control (N=24) | Intervention (N=46) | |
|---|---|---|---|
| | Mean (SD) | Mean (SD) | F-value and Effect |
| Age | 11.52 (1.03) | 11.58 (1.41) | ns |
| Grade | 6.00 (.94) | 6.02 (1.11) | ns |
| Number of sessions | N/A | 7.32 (3.18) | ns |
| Separate self | 3.09 (.70) | 3.11 (.68) | ns |
| Connected self | 3.84 (.93) | 3.84 (.83) | ns |
| Primacy of other care | 2.68 (.93) | 3.11 (.70) | 4.51* Intrvntn>Ctrl |
| Self and other care | 4.01 (1.11) | 3.85 (.86) | ns |
| Social self-competence | 2.83 (.83) | 2.86 (.80) | ns |
| Global self-competence | 3.10 (.56) | 3.08 (.63) | ns |
| Athletic competence | 2.75 (.67) | 2.62 (.68) | ns |
| Appearance | 2.89 (.70) | 2.74 (.70) | ns |
| Behavioral competence | 2.68 (.59) | 2.76 (.66) | ns |
| Scholastic competence | 2.75 (.67) | 2.77 (.68) | ns |
| Ethnic identity | 3.00 (.41) | 2.98 (.47) | ns |
| Physiological anxiety | 2.48 (.73) | 2.48 (.49) | ns |
| Worry | 2.56 (.68) | 2.60 (.62) | ns |
| Concentration difficulty | 2.63 (.83) | 2.37 (.69) | ns |

*$p<.05$

Table 3

Repeated Measures MANOVAs for Control, Intervention, and "8+ Sessions" Groups

| Variable at Pre-test (1) and Post-test (2) | Control (N=24) Mean (SD) | Intervention (N=46) Mean (SD) | "8+ Sessions" (N=25) Mean (SD) | F-value and Effect |
|---|---|---|---|---|
| Self-in-relation identity | | | | |
| Primacy other care (1) | 2.52 (.84) | 3.19 (.68) | 3.15 (.67) | F(1,37)=5.24* |
| Primacy other care (2) | 3.03 (.79) | 2.96 (.58) | 2.91 (.54) | Interaction Group X Time |
| Self and other care (1) | 4.05 (1.15) | 3.88 (.75) | 3.75 (.77) | ns |
| Self and other care (2) | 3.89 (.72) | 3.81 (.84) | 3.71 (.90) | |
| Perceived self-competence | | | | |
| Social competence (1) | 3.23 (.58) | 2.76 (.86) | 2.91 (.87) | F(1,32)=5.19* |
| Social competence (2) | 2.85 (.85) | 2.91 (.60) | 3.02 (.58) | Interaction Group X Time |
| Global competence (1) | 2.93 (.55) | 3.02 (.70) | 2.95 (.69) | ns |
| Global competence (2) | 2.86 (.56) | 2.93 (.84) | 2.93 (.93) | |
| Athletic competence (1) | 2.91 (.67) | 2.65 (.78) | 2.58 (.73) | ns |
| Athletic competence (2) | 3.08 (.74) | 2.56 (.74) | 2.61 (.76) | ns |

*p<.05

(Table continues)

| Variable at Pre-test (1) and Post-test (2) | Control (N=24) Mean (SD) | Intervention (N=46) Mean (SD) | "8+ Sessions" (N=25) Mean (SD) | F-value and Effect |
|---|---|---|---|---|
| Self-competence | | | | |
| Appearance (1) | 2.68 (.70) | 2.73 (.78) | 2.72 (.86) | ns |
| Appearance (2) | 2.77 (.67) | 2.85 (.83) | 2.91 (.92) | |
| Behavior (1) | 2.50 (.52) | 2.75 (.76) | 2.81 (.82) | ns |
| Behavior (2) | 2.74 (.75) | 2.60 (.79) | 2.60 (.84) | |
| Scholastic (1) | 2.92 (.67) | 2.71 (.74) | 2.75 (.83) | ns |
| Scholastic (2) | 2.76 (.78) | 2.78 (.75) | 2.88 (.77) | |
| Psychological distress | | | | |
| Physiological (1) | 2.54 (.73) | 2.45 (.49) | 2.38 (.54) | ns |
| Physiological (2) | 2.55 (.80) | 2.43 (.60) | 2.37 (.65) | |
| Worry (1) | 2.43 (.58) | 2.61 (.66) | 2.51 (.67) | ns |
| Worry (2) | 2.47 (.87) | 2.50 (.67) | 2.37 (.70) | |
| Concentration (1) | 2.59 (.71) | 2.58 (.74) | 2.40 (.83) | ns |
| Concentration (2) | 2.52 (.72) | 2.44 (.78) | 2.43 (.81) | |

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